

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

Moderator: Aimee Rosenow
April 28, 2015
10:00 a.m. CT

Operator: This is Conference #: 42401567.

Operator: Good morning, my name is (Christie) and I will be your conference operator today. At this time I would like to welcome everyone to the Statewide Population Health Call. All lines have been placed on mute to prevent any background noise.

After the speakers' remark there will be a questions and answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question press the pound key. Thank you.

I will now turn the call over to Ms. Aimee Rosenow.

Aimee Rosenow: Good morning everyone and welcome to the April Statewide Population Health Call. We have a light agenda for you today because we know everyone is preparing for the Governor's Public Health Conference. So we appreciate you joining us today ahead of that event.

Starting off I'm going to turn it over to Charlie Hunt for an update on Ebola preparedness and from the Bureau of Epidemiology and Public Health Informatics.

Charlie Hunt: OK, good. Thank you and good morning everyone. First of all, I'll provide you a brief situation update and then I'd like to talk about our funding activities very briefly as well. So first of all I think it's important to keep in

mind that this past month of March marks the one year anniversary of the Ebola outbreak in West Africa, and unfortunately it's not over.

We have now had more than 26,000 cases and 10,000 deaths in the three primary affected countries of Guinea, Liberia, and Sierra Leone. We have seen – generally speaking – steady declines over the past several weeks however the decline has halted in just the last three weeks.

There were a total of 33 confirmed cases reported the week of April 19th and this was in Guinea and Sierra Leone primarily. The last case in Liberia occurred the week of March 22nd. CDC right now is reviewing the situation in Liberia and as the situation continues to improve (we) may see the removal of Liberia as a (designated) country and if that happens then the screening for the U.S. airports will likely be discontinued in Liberia.

So, we will continue to monitor that situation and we'll make updates to our preparedness and response plan and certainly let you all know when that happens.

Next, I'd like to talk a little bit about the funding for Ebola, as you recall we have several sources of funding coming in for Ebola preparedness and potentially (response) activities. The first is our epidemiology and laboratory capacity for infectious diseases or ELC cooperative agreement. This is a supplement to our existing ELC cooperative agreement.

I do have good news to share with you. We received more than 96 percent of the funding that we applied for. The planned activities include conducting infection prevention assessments in up to 17 hospitals. And, these will be on-site assessments where we're going to be contracting with an organization to do that, and then we will provide some training and technical assistance and provide additional follow-up assessments to determine if there are any gaps that remain after that.

In addition we'll be conducting assessments of outbreak detection and reporting processes in hospitals, and also conducting baseline validation of health care associated infections data that were reported to the National

Healthcare Safety Network which many of the hospitals throughout the state participate in.

And then also, another important component of this cooperative agreement will be – with respect to laboratory biosafety, the public health laboratory here is hiring a biosafety officer. They will review the biosafety and biosecurity plan not only for the state public health lab but also for (sentry laboratories) throughout the state and again provide training and technical assistance to (those laboratories). So more to come on that.

The Hospital Preparedness Program submitted its cooperative agreement application last week. The majority of that funding will go to the Regional Healthcare Coalitions and designated Ebola assessment hospitals in Kansas. And I'll just mention something very briefly about that, each state is required to designate at least one Ebola assessment hospital, KDHE met with regional hospital preparedness (coalition) a few weeks ago and we discussed this. We determined that Kansas would be best (served) by having two Ebola assessment hospitals, one in the Kansas City metropolitan area and one in the Wichita area.

We have written letters of invitation to two hospitals to be the designated facilities which we're going to be calling Infectious Disease Center of Excellence for Disease Preparedness and we are waiting for their responses on those invitations and we'll certainly keep you all informed.

The other I'll mention is that the KDHE and Kansas local health department preparedness teams met yesterday and we discussed some of the Ebola funding and some questions were brought up with respect to the expectations of local health departments and activities they're going to be required to do. A good example of this is – a question came up regarding the monitoring (training) for staff.

In some of the guidance that was distributed it was not clear that that training would be expected only among staff with the engagement activity, so it's not all staff. And so, based on the questions that were brought up yesterday we

will be updating work plans and guidance and we'll be issuing additional clarification on that.

Next, I would like to just mention briefly the listeriosis outbreak in Blue Bell ice cream. And as you know from previous calls and some other information that we distributed that we have been engaged in an investigation with the Kansas Department of Agriculture, the Federal Food and Drug Administration, Centers for Disease Control and Prevention in other states on listeriosis outbreak associated with Blue Bell ice cream.

Just to provide a brief recap, we have identified five listeriosis cases in Kansas from January 2014 to January 2015, three deaths have been reported. These patients were treated at the same hospital prior to their onset of listeriosis. And, the dietary record indicated that they had all consumed ice cream during their hospital stays. The hospitals reported it was Blue Bell ice cream.

Environmental testing (of) products from another state had indicated that Blue Bell ice cream had been contaminated with listeria and – with the same strain that matched the Kansas cases. And so, (in February we) launched a pretty large investigation. There have now been 10 cases in four states that have been infected with several strains of listeria.

And these additional cases we're based on a retrospective review of genetic finger prints of these cases, and additional samples of Blue Bell ice cream – not only from the (Blue Bell) Texas facility but other facilities as well. As you all were probably are aware, Blue Bell finally issued a recall of all of its products on April 20th of 2015, so just a little over a week ago.

And so at this time, you know, we'll continue to monitor the situation and provide additional update as they become available.

And finally I just want to talk about influenza. Of course we all continue to see a decline in influenza activity in Kansas. We've seen six straight weeks of decline; however, we are still above baseline, so influenza season is not over yet. We did report sporadic activity for the weekend in April 18th. Approximately 1.6 percent of all these is (IOI) facilities reduce the (IOI) during that same week.

So far there have been approximately 1,420 (pneumonia) related deaths in Kansas during the (current) season.

One thing that's interesting to note is that we've seen the emergence of influenza B as the predominant strain. During the last week CDC reporting, 88 percent of all the positive assessments that we're submitted to CDC for testing were influenza B. And we have two specimens that we're positive for influenza B during the week of April 4th. So, this is an interesting trend here at the end of the influenza season.

And then finally I just want to mention the Governor's Public Health Conference, we're looking forward to seeing many of you at the conference this week. I just want to make a note of a few items of interest from our bureau, (Bonnie Liscek) and (Shawn Spindale) will have a booth (setup) to discuss the EpiTrax issues at the conference.

And so if you want to stop by say hello, the one request that they have is that if you have any training ideas based on needs that you have to please let them know. We always want to develop our training based on the needs of our users in the local health departments. So please stop by and say hello.

Later this afternoon (Sheri Tubach) will be presenting our successful outbreak investigations as part of the public health pre-conference workshop. Joey Scaletta, our HAI, which is Healthcare-associated Infections Program Director will be presenting on his experience providing care at an Ebola treatment unit in West Africa with the (organization) Partners in Health and he'll be presenting tomorrow on that.

We also have a breakout session tomorrow on syndromic surveillance updates and some additional information on performance improvement. And speakers from our bureau include Farah Ahmed, Daniel Neisis, our (lead) Manager and (Sheri Tubach), and (Erika Welch) from the (Bureau of Health Promotion) will also be presenting as part of that session.

And then finally Angela German will have a session on the Environmental Public Health Tracking Program and this session will be on Thursday. And I think that's it from our Bureau.

Aimee Rosenow: OK, great. Thank you Charlie and that transitions very well into our next topic, which is update provided by our Environmental Public Health Tracking Program, we have Henri Menager here to share that update.

Henri Menager: Good morning. My name is Henri Menager and I'm an Epidemiologist with the Bureau of Epidemiology and Public Health Informatics at KDHE and my purpose today is to request your participation in a survey that the Extreme Weather Event Workgroup is conducting regarding the prevalence of extreme heat response plans in Kansas. And in terms of background, the Kansas Extreme Weather Event Workgroup is a group of stakeholders, internal and external to KDHE.

The partnership started three years ago with the goal to reduce the number of illnesses, injuries and death associated with severe-weather events in Kansas. And I have the privilege currently to be the chair of this – in our workgroup. So as we all know – severe weather events do occur in Kansas and that can cause a lot of injuries and sometimes death. We also know that advance preparation and advance warning can go a long way in minimizing the impact of severe weather events on the population.

That is why the we have established a surveillance system to help identify at-risk populations in Kansas. Based on the data collected, excessive natural heat was identified as one of the most dangerous weather events in Kansas. For that reason, the Extreme Weather Events Workgroup is strongly recommending that communities raise their preparedness level by including a heat response component in their general emergency response plan.

And to facilitate this process, the extreme weather event workgroup has published a year ago a toolkit that is called Kansas Extreme Heat Toolkit that contains lots of information and many tools that can quickly be adopted into a response plan. So this survey is going to assess two things – assesses the use of

the extreme heat tool kits and also assess the prevalence of existing extreme heat plans in the state.

We'd like to have the broadest participation possible, but for this time we're targeting the health department, local health departments and the emergency management personnel in those counties. We also have the interest in looking at school districts but that will come at a later point. So, please help us make this a success and I wish you all a safe summer season.

Aimee Rosenow: Thank you Henri. And next on our agenda from the Center of Population Health, we have Sara Roberts to provide an update.

Sara Roberts: Good morning, this is Sara. I'm taking on behalf of Jane Shirley who is on her way to the Governor's Public Health Conference and looking forward to seeing everyone there. We have a very short update today.

So, first update is the Local Public Health Program is happy to welcome our newest staff member who will be working primarily with the programs and grantees on the aid to local process and Catalyst. So, (Nichole Fairley) will become the primary KDHE contact for technical assistance and communications. She will also be working with the Kansas TRAIN system as well.

(Nichole) can be reached out at the e-mail address at Nfairley@kdheks.gov.

We are also currently implementing the new Aid to local process through our Catalyst system for the upcoming state fiscal year, and those applications are currently in the review process. We will be also working to develop a new reporting process for Catalyst so it allows for you to have one source for both the application process as well as your progress reporting.

Aimee Rosenow: OK, thank you very much Sara. And next from our Bureau of Health Promotion, we have Ginger Parks provide an update.

Ginger Parks: Thanks Aimee. I just like everyone to mark your calendars for June 19th, that will be the Chronic Disease Alliance of Kansas annual meeting. That will held in Wichita and the specific location hasn't been determined, but if you

would save the date, June 19th. And if you would like more information about CDAK or to become a member, please visit KSChronicDisease.org.

And then Aimee, if you don't mind I wanted to remind the group also that tomorrow is Denim Day, and the Governor's Public Health Conference will also be participating Denim Day. And again this is a day to support victims of sexual violence and to create awareness. So we will have a booth at the conference, where for a dollar you can buy a Denim Day sticker and you can wear jeans at the conference tomorrow. Thank you.

Aimee Rosenow: Thank you very much, Ginger. And next we have an update from the Preparedness Program, and Jamie Hemler is here to provide that.

Jamie Hemler: Thanks Aimee. Good morning everyone, I only have a few very short updates for you. Our HPP-PHEP Cooperative Agreement application was submitted to the Department of Health and Human Services on Monday, April 20th. The HPP Ebola grant application was submitted Wednesday, April 22nd. And as Charlie has stated, we have gotten several questions about the trainings that are mentioned on the PHEP Ebola work plan. So we will be working to get clarification language added to both. Those updated Ebola work plans will accompany the contract that we hope to send out soon. The contract template is still in our internal routing process and so, we don't have an approved contract yet but hopefully by the end of the week we could get something and those contracts will be sent out the preparedness e-mail account.

In terms of Catalyst we will be working on getting all work plan deliverables brought into the system as progress reporting fields, and we'll be doing that with base grant, the Ebola supplemental, the Regional Public Health work plan and the CRIs. We will also make adjustments in the systems of each county, region and CRI so they are able to update their budget at any time during the year rather than just one time.

The base grant applications will be reviewed and approved – as Sara has talked about, there are also some health departments that have reported that they can see regions and/or CRIs. When the regions and CRIs were added into the system, it appears as though everyone can see them and are able to

add that application. So if an application has been added to a county that is not a fiscal agent for a CRI or a public health region, I will be able to go into each county and deny the application. From what Catalyst told me, once I deny an application you won't be able to see that anymore. Currently there's no way to fix what a regional or CRI person sees in the system in terms of the fiscal county's information. Catalyst did say that in 2016 they hope to add some enhancements to differentiate access. So, stay tuned for that. That's all I've got.

Aimee Rosenow: OK, thank you Jamie. From the communications office, one other thing we wanted to remind you of is women's health week which will kick off on Mother's Day and go through the following week. We will be participating in that through social media so be sure to check our Twitter and Facebook account for information.

The other thing we will be sharing on social media is prevention messages in relation to West Nile virus and mosquito bite prevention. And we'll also add to that – and hopefully later this week some tick bite prevention information. So just pay attention to our social media channels for that information.

At this time (Christie), we're ready to open it up for question and answer.

Operator: At this time I would like to remind everyone, in order to ask a question simply press star then the number on your telephone keypad. Again if you would like to ask a question, press star, then the number one.

Again if you would like to ask a question, please press star then the number one.

OK, there are not questions from the phone lines at this time.

Aimee Rosenow: Thank you (Christie). Again, thank you everyone for joining us today, we look forward to seeing you in Wichita in the next couple of days to share some great information from the state health department. And also a reminder, the next Statewide Population Health Call will be May 26th at 10:00 A.M.

Thank you every much, we look forward to seeing you all soon.

Operator: Thank you for participating in today's call, you may now disconnect.

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